

Free and Reduced-price Meal Application 2008 Family Day Care Tier II/ Family Income

Day Care Provider's Name _____

PART 1 A Child or Children enrolled in child care: Write the name and age of each enrolled child.

Name	AGE	Food Stamp Case No.	TAFI Case No.	FDPIR No.	ICCP No.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PART 1 B - Check here if household approved for: () WIC () National School Lunch/Breakfast Free & Reduced () Head Start Eligible

PART 2 - FOSTER CHILD: Complete this part and sign the application in Part 4.

Write the Foster Child's personal use income and indicate how often it is received: \$ _____ () Monthly () Bi-Monthly () Weekly () Bi-Weekly

PART 3 - NAMES	CURRENT INCOME AND FREQUENCY							
	(Frequency Codes: M=Monthly W=Weekly TM=Twice a Month TW=Every Two Weeks)							
List the Names of Everyone in Your Household except children listed above. Even if they don't have income.	Income from work (Before Deductions) Job 1	Code	TAFI, Child Support, Alimony	Code	Pensions, Retirement, Social Security	Code	Job 2 or Any Other Income	Code
1.	\$ _____		\$ _____		\$ _____		\$ _____	
2.	\$ _____		\$ _____		\$ _____		\$ _____	
3.	\$ _____		\$ _____		\$ _____		\$ _____	

Total Number of Household Members: _____

**** FOR OFFICIAL USE ONLY **** Total Monthly Income: \$ _____

Name and Social Security Number Household Member who signs this form (See Privacy Act Statement)

Name: _____

Social Security Number: _____

() I do not have a Social Security Number

Part 4 - SIGNATURE: An adult household member must sign the application before it can be approved.

I certify that all of the above information is true and correct and that the Food Stamp number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that sponsoring organization's officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Date Signed: _____

PART 5 - RACE/ETHNIC

IDENTITY: You are not required to answer these questions.

() Hispanic or Latino

() Not Hispanic or Latino

() American Indian & Alaska Native

() Asian

() Black or African American

() Native Hawaiian or Other Pacific Islander

() White

FOR SPONSOR USE ONLY - DO NOT WRITE IN THIS BOX

MONTHLY INCOME CONVERSION: Weekly x 4.33; Every 2 Weeks x 2.15; Twice a Month x 2

() Food Stamp

() TAFI

() FDPIR () ICCP () WIC () National School Lunch Program () Head Start

() Income Household: Total household monthly income \$ _____ Household Size _____

Provider's Name _____

Signature of Representative of Sponsoring Organization: _____

Date: _____

(FDCH Sponsoring Organization Letterhead Here)

(FY 2008)

Dear Parent or Guardian:

Providing child care and early childhood programs at rates that parents can afford is a growing challenge and requires taking advantage of all available funding resources. One of these resources is the Child and Adult Care Food Program cash reimbursement program for meals and/or snacks from the United States Department of Agriculture and the Idaho State Department of Education. This benefits you because it helps us keep the charge for child care at a lower rate. You can assist your provider in receiving a higher reimbursement rate by completing this form.

This family day care home participates in the Child and Adult Care Food Program to enable us to keep our fee schedule low and provide nutritious food service for children, therefore, we need the information requested on the attached *Application for Free or Reduced-Price Meals*. Please complete, sign, and return this form in the attached envelope or as soon as possible. **This information will be kept strictly confidential.**

In order to be considered eligible for free or reduced-price meals, the application form must contain complete documentation of eligibility information including current household income by source and frequency of receipt, names of all household members, social security number of one adult household member 21 years of age or older. If the adult member does not possess a social security number, write "none" and sign and date the form.

In cases of households that provide a food stamp, FDPIR, TAFI, or ICCP case number to establish a child's eligibility for free meals, any termination on the child's certification to participate in the food stamp, FDPIR, TAFI, or ICCP program must be reported to the sponsor.

Food stamp, Food Distribution Program in Indian Reservations (FDPIR), TAFI, or ICCP households need only supply the names of the children receiving these benefits, the case number, the signature of an adult household member, and the date of the signature.

In certain cases foster children are eligible for free or reduced price meals regardless of the income of the household in which they reside. Households wishing to apply for such benefits for foster children should complete "Part 2 - Foster Child" of the application.

If your household income is less than or equal to the income levels below, the provider receives more reimbursement for the nutritious meals served to your children without additional charge to parents.

**Income Eligibility Guidelines
For Family Day Care Homes**

Effective Dates July 1, 2007 - June 30, 2008

HOUSEHOLD SIZE	ANNUAL	MONTHLY RANGE	WEEKLY
1	18,899	1,575	364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each additional family member add:	+6,438	+537	+124

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